

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X660

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

| Owner's A Person in C Coo Responsible Certified F | charge Ch | chi "Tomis" E-mail PSF3 Q Aol Cam er Chi (1/7/24) | Sur Alburgia | Telephone Number 72 948 - 5855 917 251 3196 Purpose: Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | Follow-up No Summary of C_Z Menu Type 12 | Relea: Relea: NC | Z R 🔕 | |
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| • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" | | | | | | | | |
| Section# | C/NC | R | Narrative | | | | orrected By | |
| דרו | C | | - | · | | 48 | | |
| 344 | Ü | Observed row shrings are RTE Corrected Observed hand sink with teels and utensile in bond Corrected | | | | | | |
| 2.2 | <i>N</i> 0 | | | | | | | |
| 413 | Ni | Observed back dur being left spen Corrected | | | | | | |
| | | Downsol (mid 19 pes | ponic including | masks until June | 14 | | | |
| Received by | (name and | itle printed): | | Inspected by (name and title p | printed): | | | |
| Gu | 10 N | ch! | | A). I | man (| (Fs) | | |
| Received by | (signature): | | Inspected by (signature): | | | | | |
| cc: | | co: | <u>. </u> | | ce: | <u> </u> | | |

| Floyd County Health Department Inspection Notes | | | | | | | | |
|-------------------------------------------------|--------|---------------|--------------------------------------|--|--|--|--|--|
| | Gode # | Lyg. C/NCVI/2 | PIC: CFH: | | | | | |
| | | | Health Policy Y - N Food Code: Y - N | | | | | |
| 1 | 177 | С | hack has | | | | | |
| 3 | 202 | C | dulid cans | | | | | |
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